

Revision: HCFA-PM-91-4
August, 1991

(BPD)

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of VIRGINIA

Citation4.19 Payment for Services

42 CFR 447.252
1902(a)(13) and
1923
of the Act

- (a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and §1902(a)(13) and 1923 of the Act with respect to payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

☐ Inappropriate level of care days are covered and are paid under the State Plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with §1861(v)(1)(G) of the Act.

☒ Inappropriate level of care days are not covered.

TN No. 93-04
Supersedes
TN No. 90-07

Approval Date 01/03/94Effective Date 06/16/93

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August, 1993

(M)

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

42 CFR 447.201
42 CFR 447.302
52 FR 28648
1902(a)(13)(E)
1903(a)(1) and
(n), 1920, and
1926 of the Act

§4.19 (b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under §1905(a)(2)(C) of the Act. The agency meets the requirements of §6303 of the State Medicaid Manual (HFCA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902(a)(10) and
1902(a)(30)
of the Act

SUPPLEMENT 2 TO ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

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Supersedes
TN No. 90-09

Approval Date 01/03/94

Effective Date 06/16/93

Revision: HCFA-AT-80-38
May 22, 1980

(BPP)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

42 CFR 447.40
AT-78-90

4.19 (c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

☒ Yes. The State's policy is described in ATTACHMENT 4.19-C.

☐ No.

TN No. 77-5
Supersedes
TN No.

Approval Date 03/09/78

Effective Date 09/16/77

Revision: HCFA-PM-87-9
August, 1987

(BERC)

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141

4.19 (d)



(1)

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

(2)

The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.



At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.



At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.



Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

(3)

The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.



At the average rate per patient day paid to ICFs, other than ICF's for the mentally retarded, for routine services furnished during the previous calendar year.



At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.



Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.



(4)

§4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

TN No. 87-18Approval Date 07/20/88Effective Date 12/01/87

Supersedes

TN No. 84-01

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38
May 22, 1980

(BPP)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

42 CFR 447.45(c)
AT-79-50

4.19 (e)

The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

TN No. 79-11
Supersedes
TN No. _____

Approval Date 12/08/79

Effective Date 08/23/79

Revision: HCFA-PM-87-4
March, 1987

(BERC)

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of VIRGINIA

Citation

42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

TN No. 87-11
Supersedes
TN No.

Approval Date 12/11/87

Effective Date 07/01/87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38

(BPP)

May 22, 1980

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

42 CFR 447.201

4.19 (g)

The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

42 CFR 447.202

AT-78-90

TN No. 79-06

Approval Date 10/11/79

Effective Date 09/30/79

Supersedes

TN No. _____

Revision: HCFA-AT-80-60
August 12, 1980

(BPP)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

42 CFR 447.201	4.19	(h)	The Medicaid agency meets the requirements of 42 CFR 447.203 for
42 CFR 447.203			documentation and availability of payment rates.
AT 80-60			
(Aug. 12, 1980)			

TN No. 95-16

Supersedes

Approval Date JAN 3 1 1986

Date 11-01-95

TN No. 79-06

Revision: HCFA-AT-80-38
May 22, 1980

(BPP)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

42 CFR 447.201	4.19	(i)	The Medicaid agency's payments are sufficient to enlist
42 CFR 447.204			enough provider's so that services under the plan are available
AT-78-90			to recipients at least to the extent that those services are
			available to the general population.

TN No.	<u>79-06</u>	Approval Date	<u>10/11/79</u>	Effective Date	<u>9/30/79</u>
Supersedes					
TN No.	<u> </u>				

Revision: HCFA-AT-91-4
August, 1991

(BPD)

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of VIRGINIA

Citation

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|-------------------------------|------|-----|--|
| 42 CFR 447.201
and 447.205 | 4.19 | (j) | The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates. |
| 1903(v) of the Act | | (k) | The Medicaid agency meets the requirements of §1903(v) of the Act with respect to payment for medical assistance furnished to qualified aliens who entered the U.S. on or after August 22, 1996, who are not eligible for Medicaid for 5 years after their entry and non-qualified aliens, including illegal aliens and legal non immigrants who are otherwise eligible. Payment is made only for care and services that are necessary for the treatment of an emergency condition, as defined in §1903(v) of the Act. |

TN No. 97-15
Supersedes
TN No. 93-04

Approval Date 12/22/97Effective Date 07/01/97

HCFA ID: 7982E

Revision: HCFA-PM-92-7 (MB)
October, 1992

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

§1903(i)(14) of the
Act

4.19 (1)

The Medicaid agency meets the requirements of §1903(i)(14) of the Act with respect to payment for physician services furnished to children under 21 and pregnant women. Payment for physician services furnished by a physician to a child or a pregnant woman is made only to physicians who meet one of the requirements listed under this section of the Act.

TN No. 95-16
Supersedes
TN No. N/A

Approval Date JAN 3 1995Effective Date 11-01-95

Revision: HCFA-PM-94-8 (MB)
OCTOBER 1994

(BERC)

State of VIRGINIA

Citation

§1928(c)(2)(i)(C)(ii) §4.19(m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program.

(i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows:

(ii) The State:

- ☐ sets a payment rate at the level of the regional maximum established by the DHHS Secretary.
- ☐ is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.
- ☒ sets a payment rate below the level of the regional maximum established by the DHHS Secretary.
- ☐ is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine:

\$11.00 per vaccine administration

§1926 of the Act

(iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

The Commonwealth will demonstrate access to such services by the Commonwealth's fee per vaccine administration being higher than that of a major insurance company.

TN No. 94-20
Supersedes
TN No. N/A

Approval Date

Effective Date 10/1/94